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## Original Articles.

### GYNECOLOGICAL TECHNIQUE AS CARRIED OUT AT THE GYNECEAN HOSPITAL.

By J. M. BALDY, M. D.

(Read before the Philadelphia County Medical Society, December 28, 1892.)

IT is no uncommon thing to have physicians from all over the country, who are making a temporary stay in Philadelphia, and who are visiting the hospital with the object of seeing operations, question minutely as to the different points in the preparation, and not infrequently express surprise at the simplicity of these. In fact, it has often occurred to me that many of our visitors are more interested in the preparation than in the operation itself. To one who has the success of this class of work at heart, this seems to be a step in the right direction, as it has long since been recognized by the successful operators of the world, that more good results are obtained by mediocre operators, whose preparations have been most careful and systematic, than by their more brilliant colleagues who have been inclined to scoff at minutiae and to depend upon their mechanical skill.

From time to time articles on this subject have appeared in medical print giving the most elaborate description of the preparation and the apparatus used, most of which are undoubtedly excellent

and well fitted for the operating-room of a hospital, but which are unnecessarily cumbrous when one comes to apply them to private work. For this reason I have been encouraged to enter upon a detailed description of our work at the Gynecean Hospital, the application of which can readily be carried into private practice. The watch words from the beginning to the end of an operation are *thoroughness and simplicity*.

The aim of all successful operators is the same, namely—the prevention of any septic matter entering into the field of operation. Different operators adopt different methods of accomplishing this object, but for success, the object and result must be the same, whatever the method adopted may be.

*Antiseptis* or *asepsis*, as fancy may dictate, the principle is the same. To be successful one must be surgically clean. For the proper accomplishment of this one must consider and treat: 1. The patient. 2. The operating-room and its paraphernalia, including tables, basins, pitchers, buckets, instruments, ligatures, sponges, dressings. 3. The operator, assistants, and nurses.

1. **THE PATIENT.**—The preparation of the patient should begin, when possible, at least twenty-four hours before the operation. The first steps are to regulate the diet and empty the gastro-intestinal tract. Free purgation is begun at once, preferably by the use of some saline. This is usually administered in the dose

of a drachm of sulphate of magnesia, dissolved in water, each hour until the bowels begin to move. Usually five or six doses are sufficient to accomplish the object. The purgatives should be so administered that the action of the bowels ceases five or six hours before the time set for the operation. After beginning the administration of the purgative, the diet should be light and concentrated. If the operation is to be performed in the afternoon, the patient's supper on the day before consists of the ordinary house diet. From this time on nothing passes her lips, unless it be a glass of milk or a cup of bouillon at breakfast-time. Even water, except in small quantities, is withheld. These steps in the preparation can be carried out in the case of most patients, but in dealing with an unusually weak woman, considerable judgment must be used in their application. A hot bath is given, both the day before and the morning of the operation. If the patient is unable to be moved to the bath tub, the baths are given in bed. Prior to the final bath an enema of soapsuds and water and a vaginal douche of bichloride of mercury (1 to 3000) are given. Immediately on coming from the bath a fresh night-gown is put upon the patient and she is placed in a bed which has been specially prepared for her reception. After returning to bed the abdomen—the seat of the operation—is especially prepared. A nail-brush, soap and hot water are used freely and vigorously, special attention being paid to the umbilicus and pubic hairs. In but exceptional cases is the pubes shaved. The abdomen is then bathed with alcohol and turpentine and is finally protected until the time of the operation with a towel wrung out of bichloride solution.

When the patient is placed on the operating table the abdomen is well rubbed with ether and bathed with alcohol by the operator as the final preparation, especial attention being paid to the pubic hairs and the umbilicus. The legs are wrapped in a blanket, which extends from the feet to the pubes; a second blanket is placed over the chest. All blankets, clothing, table, etc., about the patient from her chest to her feet are now covered with towels prepared for

the purpose, the abdomen being left bare from the epigastrium to the pubes. Over all this is placed a piece of bichloride gauze, with a slit in it at the point of the incision.

**2. THE OPERATING-ROOM AND ITS PARAPHERNALIA.**—All tables used in the operating-room with the exception of the Krug frame for Trendelenburg's position, which is of galvanized iron, are made of wood, perfectly plain and shellacked. The reason for this is two-fold—first, because it is desirable in the preparation of the room that it should be emptied; this is rendered possible in the case of everything except the gas fixture and the sink. Secondly, as there is an operating-room on each floor, it becomes necessary to frequently move the tables from one room to the other. When not in use, the windows in these rooms are always open. The walls of the room from floor to ceiling are of white tile, the window trimmings are of white marble, the floors are asphalt, the ceilings are plastered and heavily painted. In the preparation, the room is first stripped of all its furniture. The walls, ceiling and floor are washed down with a hose, and then mopped off with a cloth dipped in bichloride solution. As each article is brought into the room it is scrubbed with soap and water, rinsed off, mopped with bichloride solution, and placed in its proper position; the tables and benches are covered with sheets or towels specially prepared for this purpose. A glance at the accompanying cut will more clearly demonstrate this.

All linen used in the operating-room has been laundried by itself. Distilled water is used throughout the operation.

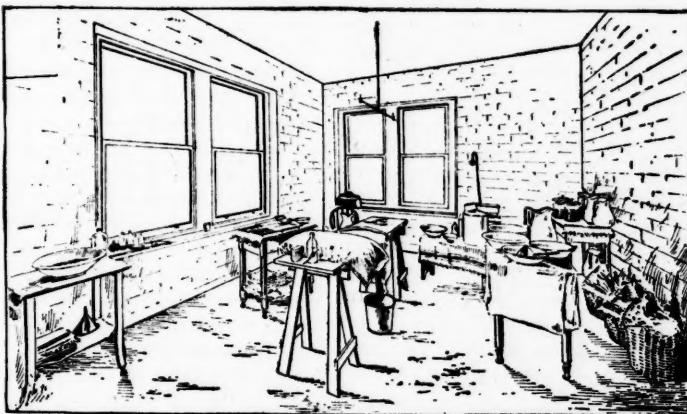
**Instruments.**—After an operation the instruments are thoroughly scrubbed with soap and water, and are then passed through scalding water before being returned to the case. Prior to the operation they are boiled for twenty minutes in a weak soda solution. As few instruments as possible are used. In an ordinary operation, two needles, two ligature staffs, four hemostatic forceps, a knife, a needle-holder, and a pair of scissors are amply sufficient. These are taken, together with the tray on which they are placed for boiling, directly from the sterilizer, and put upon the table as

the patient is brought into the room. In this way they are not handled from the time they are taken out of the sterilizer until they are to be used.

*Ligatures.*—Three varieties of ligatures are employed—silk, silkworm-gut, and catgut. A half-hour before the operation the silk is immersed in a bichloride solution (1 to 100); prior to being used it is washed in boiling water. The silkworm-gut is boiled with the instruments. The catgut is prepared by being immersed in ether for forty-eight hours, soaked for the same length of time in a 1 to 100 alcoholic solution of bichloride of mercury; after which it is put in a solution of two parts oil of juniper and

all the soda is washed away, and are then immersed in a solution of sulphurous acid for twenty-four hours. They are taken directly from the acid solution, washed, and placed in commercial alcohol until used. Four sponges only are used at each operation.

*Dressings.*—The dressing of the abdominal wound consists in placing several strips of dry bichloride gauze over the incision, a cotton pad covered with gauze placed over this, and the whole held in place by a six-tailed bandage. Dressings are not disturbed for eight days. No iodoform or other powder is used. Stitch-hole abscesses are the rare exception.



one part alcohol. It is taken directly from the latter solution for use at the operation.

All sutures and ligatures used within the abdominal cavity are of silk (Chinese twist). Silkworm-gut is invariably used for closing the abdominal wound. Catgut is used principally in vaginal hysterectomy and plastic work.

*Sponges.*—New sponges are prepared by being thoroughly beaten, soaked for twenty-four hours in a weak solution (3 per cent.) of hydrochloric acid, after which they are soaked for twenty-four hours in a strong soda solution, and are finally placed in alcohol. Immediately after being used in an operation they are thoroughly washed in cold water placed in a strong soda solution (practically a saturated solution) for twenty-four hours, at the end of which time they are removed, washed under the cold-water spigot until

*Drainage-tubes.*—After being used, the glass drainage-tubes are soaked in strong soda solution for twenty-four hours, rinsed under the spigot, washed with turpentine and ether, and then boiled for twenty minutes, after which they are kept in commercial alcohol.

Rubber drainage-tube, whenever used, is soaked in bichloride solution, and washed in boiling water.

After an operation the drainage-tube is cleaned by the nurse every fifteen minutes or half-hour, as occasion requires. As the fluid discharged from the tube lessens in quantity, the intervals of cleaning are lengthened. Each time the tube is cleaned the nurse's hands are carefully prepared with soap and water and bichloride solution.

At and after each cleaning the syringe used, to withdraw the tube contents is cleansed inside and out with hot water

and bichloride solution, as are also the mouth of the tube and the rubber protecting it. Fresh bichloride cotton is placed over the entrance of the tube at each cleaning. The tube is removed as soon as the contents become clear and small in quantity. The edges of the opening left by the tube are drawn together by a strip of adhesive plaster, and the dressings replaced by fresh ones.

**3. THE OPERATOR, ASSISTANT, AND NURSES.**—Everybody who takes part in an operation, and is liable during its performance to handle any of the instruments or materials; is required to go through the same preparation. All assistance is rendered by three nurses; the chief nurse assisting the operator directly, a second nurse attending to the sponges, and a third nurse changing the waters. The preparation of operator and nurses is as follows: a hot soap bath, and clean linen clothing direct from the wash. The hands and arms are prepared by first carefully cleansing the nails with a penknife, a free use of hot water, soap, and nail-brush for twenty minutes, and rinsing in fresh water. They are then bathed in commercial alcohol, and are finally soaked in bichloride solution (1 to 2000) for five minutes. The greatest danger-point of infection is, of course, under the nails; and time used in a most careful hand toilet is never misspent—is, in fact, absolutely essential to success.

A careful study of the cut, which represents one of the operating-rooms as it appears prior to the introduction of the patient, will demonstrate the simplicity and thoroughness of all the preparations. There is not an article in the room which cannot be duplicated or easily substituted in almost any well-ordered household. Soap, water, nail-brush, and bichloride of mercury tablets are easily obtained, and as for the remainder it rests entirely with the surgeon and his nurse. With a little more time and trouble the poorest hovel can be turned into a good and safe operating-room, by adopting these rules, as I have been able to demonstrate time after time in my work in the slums of this great city. Of course, it means plenty of hard labor for both nurse and surgeon, but what nurse or surgeon who has once passed through the horrors of attendance

at a death from septic peritonitis would not feel that the work before the operation was as nothing in comparison to that afterward.

The number of instruments, sponges, etc., may seem to many to be entirely inadequate for the purpose but in many hundreds of operations we have found them amply sufficient: it is the rare exception that recourse to the instrument-case is necessary. The fewer articles used the fewer sources of possible infection and accident. A large number of instruments lying about are, in addition, a source of endless confusion and annoyance, and they require an extra assistant.

#### SULFONAL.

By HERMAN D. MARCUS, M. D.

**A HYPNOTIC** which can safely be administered, which shows none of the deleterious effects of chloral and opium, which is both tasteless and odorless, such an hypnotic must undoubtedly be considered the peer of its group.

In sulfonal (diethyl sulfon-dimethyl methane) we have just such a drug.

One of the greatest difficulties to be surmounted in the preparation of an hypnotic was the necessity of tastelessness and freedom from odor.

Hypnotics in their long range of usefulness lose a great deal of their value, when such drugs must be exhibited in patients who refuse to take medicines—sleep is one of our greatest aids in combating disease and when it *must* be produced by medication we will very often find a positive abhorrence against the use of sleep producers.

Very often your patient will refuse to take your hypnotic on the plea of bad after-effects, habits and a thousand and one other reasons.

With sulfonal all these objections are laid aside; we are able to administer it in a cup of tea, a plate of soup or any other warm beverage without the knowledge of our patient.

The greatest dangers to be encountered with such drugs as chloral and opium are their influence on the nervous and circulatory systems. Sulfonal is positively free of such dangers and even larger doses affect in no way the blood pressure.

Since its introduction by Baumann

and Kast, article upon article has been written upon this drug. Pro and con were the various opinions, still, when a practitioner driven to his wits end looks around for a reliable hypnotic and prescribes sulfonal intelligently, he will always class it high above all others in the group of "sleep producers."

Varied as the use of sulfonal has been, none but the best reports can be found, and though articles on sulfonal poisoning have time and time again appeared, it is very easy to reduce such articles to excessively large doses or faulty administration.

Prof. H. M. Field speaks very forcibly on the administration of this drug and says, "The essential conditions of success in the exhibition of sulfonal depend on, first, the time when the remedy is administered; second, the method of administration; third, the dose."<sup>1</sup>

Sulfonal should be administered from one to three hours before retiring and is best given in some warm liquid, such as hot tea, milk, broth, etc.

"The dose should be carefully adjusted to the requirements, and peculiarities of each case,"<sup>2</sup> and ranges from five to forty grains. Ten to twenty-five grains are the doses generally used.

Dr. Vorster<sup>3</sup> reports two cases, one of periodic, and one of chronic mania, who were given four grams (one drachm), for a few days.

Since its introduction (1886), sulfonal has been made the subject of extensive study and its effect in various diseases has been carefully observed.

In the treatment of insane patients, it is superior to any other hypnotic, the ease with which it may be administered being a great point in its favor.

One of the greatest difficulties encountered with insane patients, is their abhorrence of medicine and when such medicine can be given in their food, without their knowledge, it is certainly a great convenience.

Dr. B. Lucius Gray (Chicago Sanatorium), speaks highly of its value in "those cases of exhaustion and confusional forms of insanity, where sleep

has been long delayed and the mental disturbance is great."<sup>4</sup> He found in such cases fifteen grains sulfonal sufficient to produce from two to eight hours sleep. Contrary to Dr. Alexander's experience he found one case of recurrent mania where sulfonal produced refreshing sleep with a tendency to shorten and diminish the severity of an attack.

Dr. Vorster<sup>5</sup> who had used 9000 grams sulfonal on fifty-six patients found that methodical treatment was always followed by rest of the motor centres. He used sulfonal in secondary, acute, and chronic insanity, acute, periodic, and chronic mania, dementia senilis, idiocy, epilepsy and progressive paralysis and concludes by saying: "We recognize a decided addition to psychiatric therapeutics in the methodical sulfonal treatment."

Cases of simple insomnia are readily combated by the use of this drug. One case of a man fifty years old under my treatment had suffered nearly three months with insomnia. Bromides were prescribed in thirty grain doses, chloral in twenty grain doses and morphia hypodermically ( $\frac{1}{4}$  grain), had no effect whatever. I finally prescribed sulfonal fifteen grains. Two hours after taking the drug, the patient fell asleep, sleeping for four hours and after being awake for perhaps one-half hour, he slept again till morning. The next evening I prescribed twenty grains, which produced a seven hours' sleep.

In a case of a girl twenty years old suffering from a complication of diseases, most prominent being mitral stenosis and pain attending acute peritonitis, bromides and morphia produced no sleep, while sulfonal (30 grains) caused an uninterrupted sleep for three hours.

In acute fevers accompanied by insomnia sulfonal has proven itself the remedy par excellence. In a case of typhoid fever twenty grains of sulfonal produced six hours' sleep, two hours after the administration. The patient was unable to sleep for two or three preceding nights and bromides proved of no avail. Dr. Bond<sup>6</sup> (South Liverpool) speaks very highly of its value in typhus fever, saying that it can be given with confi-

<sup>1</sup> New England Medical Monthly.

<sup>2</sup> Dr. W. H. Flint, in Therapeutic Gazette, January, 1890.

<sup>3</sup> Allg. Zeitschrift f. Psychiatric, vol. 47, 1890.

<sup>4</sup> Medical Standard.

<sup>5</sup> Allg. Zeitschrift f. Psychiatric, vol. 47, 1890.

<sup>6</sup> Lancet, Nov. 28, 1890.

dence, avoiding the tendency of other hypnotics such as opiates to cause stupor leading to coma.

Casarilli,<sup>1</sup> who has used sulfonal in diabetes, speaks very favorably of this drug. He found that the quantity of sugar becomes gradually lessened. He noticed no ill effects following the prolonged use of this drug, though long continued use of forty-five grains daily produced lethargy which disappeared on diminishing the dose.

One of the greatest disadvantages of other hypnotics is their tendency to cause gastric disturbances; in sulfonal we have a drug which may be safely administered to combat insomnia arising from gastric diseases. As an hypnotic in alcoholism, drug habits and gastric catarrh it has proven itself superior to any other drug.

It would be well to bear in mind that sulfonal is not an analgesic but a pure hypnotic. It will produce sleep but nothing more, and if it is necessary to obtund pain besides, it should be combined with such drugs as the case may indicate.

Sulfonal poisonings have been variously observed, and are generally due to excessive large doses taken with suicidal intent or by mistake. Only one death occurred after its use and this in a case reported by Dr. Knaggs<sup>2</sup> in which the patient took nearly one ounce sulfonal at one dose.

A case from Prof. Lichtheim's clinic (Koenigsberg) of a boy who took fifteen hundred grains with suicidal intent, ended in recovery.

The symptoms of poisoning may be divided into two groups. The first manifest themselves as drowsiness, followed by deep and continued sleep, languor, uncertainty of gait, which may reach paralysis of lower extremities in severe cases, hyperesthesia. The second group consists of symptoms present in severe cases. These symptoms are, firstly, changes in the working of the alimentary tract; second, spinal symptoms. We may find severe anorexia, nausea, vomiting, diarrhoea or constipation, painful urination or paralysis of the bladder. The urine has a peculiar dark red color and acid reaction. Experi-

ments have shown the absence of blood or bile in the urine and the peculiar color is undoubtedly due to some chemical changes of the ingested sulfonal.

With such an addition as sulfonal to our pharmacopoeia, drugs like opiates, chloral or bromides, must necessarily disappear from the list of hypnotics. Sulfonal will *never* fail to produce sleep if properly used, and may be recommended to every practitioner as the only reliable and safe hypnotic.

ASHEVILLE, N. C., AND ITS ADVANTAGES AS A CLIMATIC RESORT FOR PHthisical PATIENTS, is the title of an article by Prof. J. W. Gleitsmann, of New York, published in the December number of the New York *Medicinische Monatsschrift*. The writer, considering the essentials of climate for the cure of phthisis, shows that elevation, temperature and humidity are the main factors, and that an elevated resort lying between 2000 and 4000 feet above sea level, with a moderate winter and cool summer temperature, and a relatively dry atmosphere is most desirable. Asheville, N. C., where he has resided for a number of years heretofore, presents such climatic conditions, being there favorable for the entire year. It has an elevation of 2350 feet, is situated in the Alleghany Mountains at their highest point, between the Blue Ridge and the Great Smokies. The whole plateau has excellent drainage, with no marshes or standing water, enjoying entire freedom from malaria. The city itself has been greatly improved in its local sanitary appointments; it has paved streets, good accommodations for tourists and invalids, and there also is located the Winyah Sanitarium, a special institution for diseases of the lungs and throat, in charge of Dr. Karl von Ruck, who is otherwise well known to the profession by his clinical results in phthisis and his contributions to medical literature on this subject.

The climate in winter, while not warm, is not so cold as to interfere with the out-of-door life of patients, and in protected places, during the hours of sunshine, frequently reaches 70° to 80° F.

The average mean temperature is 49° for the winter months. In the summer the place is cool and compares favorably

<sup>1</sup> Rivist. gen. ital. di. clin. med., 1889.

<sup>2</sup> Brit. Med. Journal, 1890.

with any other resort in this country, the highest degree of temperature observed by the writer was 88° F. During the same year, 90° F. were exceeded at forty-seven places in Canada; fifty times at Denver, Col., reaching there 102° F., and thirty-nine times at Colorado Springs, where a maximum of 101° F. was observed.

Higher temperatures were also observed at Sandy Hook, New York, etc., and at St. Paul twenty-five times, with a maximum of 99° F. Asheville's average mean summer temperature is, according to Dr. vonRuck, 65° F.

The Asheville plateau, according to the meteorological data given, has an annual precipitation of about forty inches, and the relative humidity is 20° in the winter and 70° in the summer, while the absolute humidity is less than at any point east of the Rocky Mountains, showing the place to have the third requisite, "a dry climate."

Another feature of the Asheville climate is the presence of considerable quantities of ozone in the air; this, in view of the increasing popularity of oxygen as a remedial agent, is particularly interesting. Measurements for the last three years by Dr. von Ruck show an average, ranging from 50 to 75 per cent. of the possible amount, whereas, only five per cent. was found to be present in his observations formerly made in Ohio.

The article concludes with a short consideration of the advantages of institution treatment as compared with sojourn at climatic resorts without the strict care and management which a good institution affords, the author holding that the latter are indispensable to the best results. He says: "It is not a single agent, not even climate, which constitutes a panacea for phthisis, but it is the careful and continued application of a variety of means adapted to the present condition of the individual patient, which promises most. Patients do not, as a rule, know what will benefit or injure them. They need constant care and supervision. The diet must be adapted to their present state of digestion, many, when already on their way to improvement, suffer relapses on account of physical over-exertion. Climate alone protects not against faulty conduct and indiscretions committed, whether the result of ignorance or from

want of self-control. Such a detailed oversight which must be extended to the minutest details, is only possible by the physician who has the patient continuously with him, in other words, in a special institution.

A year ago, the author spent several weeks in the institution of Dr. von Ruck, and shows by his description of its location, appointments, and management, that it complies with every essential requirement, and quotes from the *Climatologist* for September, 1891, the clinical results obtained there. Of 605 cases treated, subsequent information as to their condition was received from 457; among these were cured, 67; with the disease permanently arrested, and enjoying good health, 70; materially improved, 258, and grown worse, 52; results which, indeed, speak stronger than any argument in favor of institution management as well as in favor of the advantages of Asheville's climate.

## News.

The Alumni Association of the Woman's Hospital will hold their annual meeting at the New York Academy of Medicine, on Tuesday and Wednesday, January 17th and 18th. Dr. John G. Perry, of New York, will be in the chair. The reading of papers will be superseded by the discussion of topics assigned before the meeting. The topics chosen for this meeting are as follows: "Pelvic Adhesions," "The Treatment of Extra-Uterine Pregnancy," "When Should the Parturient Woman be Allowed to Assume the Upright Posture." Dr. Thomas Addis Emmet will read a paper, entitled "The Founders of the Woman's Hospital Association," and Dr. Dudley, of Chicago, will present a new operation for the cure of procidentia. It is impossible to get a good attendance of New York men at a morning session, and in order that this time may be made most interesting to the out-of-town members a number of eminent general surgeons have promised to make special efforts to secure operations on the abdominal viscera to occupy the morning hours. These operations are not frequently seen by gynaecologists, but are of great practical importance to them.

# The Times and Register.

## A Weekly Journal for Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,  
MANAGING EDITOR.

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### AFTER ECHOES ON THE CHOLERA.

NOW that the cholera fright has passed over and the fears of a terrified people have been quieted, we venture to ask the question—has there been a single, genuine case of Asiatic Cholera in this country in 1892, and, if so, are there yet, any definite, absolute criteria by which the presence of this malady may be determined either *before* or *after* death?

To the first, we must, after a most rigid scrutiny and analysis of the evidence, answer, first, it is certainly a matter of doubt; and as to the second, we must say, most emphatically, No. This we do with a full appreciation of the venomous anathemas which will be hurled at us from all sides. When we know the truth, however, we speak it, regardless of the consequences.

True, the New Yorkers made a splurge, and pretty well succeeded in throwing the nation into a panic, calling out the

troops and blockading the harbor with gun-boats. Professor Herman Biggs submitted a report to the Board of Health, reporting nine deaths from cholera; in six of which, on biological examination, the comma-bacillus of Koch was seen by himself, besides Dr. Loomis, and others. His report to President Wilson intimates that those laboratory-examinations and the recognition of the bacilli saved the nation a great calamity. Let us see what that eminent clinician M. Peter says: Examining the dejecta of twenty-four cases, diagnosed by others as Asiatic-Cholera, Koch's bacillus was found in only three cases. He denies its contagiousness; in the sense of being as virulent as small-pox, scarlet-fever or measles; which, so far, have been found destitute of specific microbes; and declares that he has little faith in those purely Germanized laboratory doctors. This, from one right in the midst, of a sharp epidemic! Bacillary-specificity has had its day, and in cholera particularly, there is not a scintilla of proof, that the germ is anything more than a secondary product.

This whole germ theory of cholera has recently sustained an annihilating blow, in the experiments which the renowned Pettenkofer, with Emmerich, each performed on his own person. Gaffky of Hamburg sent them fresh cultures of the comma-bacillus, planted from those mortally stricken, in that city.

Two hours after their dinner, each deliberately swallowed a cubic centimetre of the cultures. In each case, the ingestion of the germs in no manner interfered with their habitual regimen; and, except for a moderate transient diarrhea, unattended with colic or vomiting, there were no constitutional disturbances of any kind. In their feces enormous quantities of the comma-bacilli were found. We are aware that Lawson Tait avowed that he would eat all the septic germs

they could bring him, but these latter experimentors backed their words by deeds; and have at the risk of their lives forever settled the question as to the innocuousness of this so-called pathognomonic-pathogenic microbe. Indeed, in France, where the germ theory first saw light, in the late cases of cholera there, it was generally conceded that the so-called Asiatic-cholera there, was nothing more than aggravated cases of cholera-nostras; and that their microscopical elements, the germs of cholerine, cholera-nostras and Asiatic-cholera, were essentially the same. This brings us to the question of quarantine; the discussion of which we will reserve for another number.

T. H. M.

In the review of Hansell and Bell's Manual, (*TIMES AND REGISTER*, December 3, page 616), a sentence quoted from the Manual should read as follows: "The conjunctiva, continuous with the Schneiderian mucous membrane of the nose and the integument of the lids at their free margins, is a mucous membrane composed of columnar epithelium with its basement membrane, and is richly supplied with vessels and nerves." Several printer's errors occurred in the quotation as given, doing the authors an unintended injustice.

### Annotations.

#### A NEW CRANIOLOGICAL INTELLIGENCE INDEX.

**D**R. S. V. CLEVENGER, in the Oct. 21 *Science*, suggests that observations be taken upon pharynges to tabulate the angles formed by the basilar process of the occipital bone in correspondence with the intelligence of individuals. He thinks that the same frontal brain growth which lifts the forehead to perpendicularity also presses back upon the medulla oblongata and makes it less horizontal in the scale of animal development, and that by an osseous adap-

tation the pharyngeal wall also straightens. It is easier to note this in skulls stripped of soft tissues, and a startling truthfulness of the theory was demonstrated by the doctor at the Chicago Academy of Medicine, March 13, 1891, the skulls of many criminals being compared.

#### TWENTY-FIVE YEARS OF ACTIVE SERVICE IN THE CHARITY HOSPITAL OF NEW ORLEANS, LOUISIANA.

**I**N 1868, Dr. Joseph Jones was elected *Visiting Physician* to the Charity Hospital of New Orleans, and has been annually re-elected to this position.

During this period of 25 years (1868-1893) about fifteen thousand patients have free of charge enjoyed the professional skill and care of Dr. Joseph Jones, and amongst the diseases treated may be mentioned yellow fever, oriental leprosy and Asiatic cholera.

Not less than three thousand medical students have come directly under the instruction of Dr. Jones by the bed-side in the wards of the Charity Hospital.

The original investigations and medical researches of Dr. Joseph Jones have been published in New Orleans, at his own expense and risk, in four volumes: No. 1, relating to Nervous Diseases; No. 2, Yellow Fever, the various forms of Malarial Fevers, Oriental Leprosy, Asiatic Cholera, and other diseases of tropical and semi-tropical climates; Nos. 3 and 4, Insanity, Medical Education, Public and International Hygiene, Quarantine, Contagious Infections, Endemic and Epidemic Diseases.

These volumes were published respectively in 1876, 1887 and 1890, and are contained in about four thousand (4000) closely printed pages.

During the active campaign of twenty-five years, this veteran, whilst achieving no fortune, has not himself escaped the cruel shafts of disease.

Cogswell reports the case of a man who was "crazy drunk," to whom he gave  $\frac{1}{10}$  grain apomorphine hypodermatically. Free vomiting ensued, the man slept for some hours and awoke sober.

—*Med. Review.*

## Letters to the Editor.

### TREATMENT OF TUBERCULOSIS.

WHILE I have had a great many cases of tubercular phthisis during the last twenty years, yet I am not well satisfied with my results; but suppose I have had as good as my brethren, for I get the most of the patients in this vicinity, and have had quite a good many get up and live for years.

My plan is to build up the system by all possible means; using nourishing diet, of home production as much as possible, for most people relish what is produced under their own supervision rather than something that seems to be in the line of medicine. I change the diet often so as not to tire the palate; also concentrate as much as is good for the digestive organs, watching carefully that the food is well received, digested and assimilated. I keep every organ in its normal condition, as nearly as possible. I use cod-liver oil often, usually in an emulsion; I have no preference as to the maker. I have not had good results from malt preparations; but some will take them with benefit. I do not like alcohol in any form. If there is much cough, I use a white pine expectorant.

As a tonic and food combined, I like the syrup hypophosphites compound. I think we have more trouble from intestinal indigestion, and want of assimilation following, than is commonly understood; so this should be carefully attended to, or the system rapidly runs down, from want of sufficient food supply; and the germ has a good field in which to develop.

I think your idea in getting out special numbers is a good one; and I would suggest a number on stomach and intestinal indigestion; also the bowel troubles of childhood.

O. T. PRATT, M. D.

RIALTO, CAL.

### OAKLAND, CALIFORNIA.

LIKE many others, I find the special numbers very interesting and useful. While fully appreciating all the defects of the climate of Oakland I cannot condemn it greatly since my own lung which was not improved by three months of

Aiken, two months of Washington, D. C., one of Boston and one of Detroit, has in less than four months of California (Oakland), cleared up very rapidly and it now looks as though all would be as before inside of six months.

W. D. BIDWELL.

I HAVE a few questions to submit to you, being well satisfied that your close observation at the bedside, and large clinical experience, will enable you to speak authoritatively, especially to my own satisfaction.

1. Are compressed tablets and triturates more reliable and soluble, than sugar-coated parvules or dosimetric granules?
2. Do you regard the administration of compressed tablets, triturates, or dosimetric sugar-coated granules or parvules as reliable for physiological effect, as that of the fluid extracts, tinctures, etc.?
3. Whose make of fluid extracts and tinctures do you use in private practice?
4. Whose compressed tablets, triturates do you use?
5. Whose dosimetric granules do you use?
6. What has been your observation with digitalis in the second stage of pneumonia? Does it not cause more blood to be forced into an already overloaded venous system, thereby increasing the danger of heart failure, owing to pulmonary obstruction?
7. Are not strychnine and nitro-glycerine of more utility, when stimulants are indicated than digitalis?

Trusting that you will give me your judgement in the same.

M. O. GUNN.

[1. Between compressed tablets, triturates and dosimetric granules, there is no choice; it depends on the manufacturer, not the form.

2. The tablets, granules, etc., are more reliable than the liquid preparations mentioned, when made by responsible houses. The strength of fluid extracts is so variable that no one can safely prescribe them unless he specifies whose make he desires. The use of alkaloids is more precise, more scientific, and requiring more care in diagnosis, is better practice, than that of tinctures and extracts.

3. I employ Parke, Davis & Co.'s normal liquids, Squibb's fluid extracts, or those made by some of our excellent retail pharmacists in Philadelphia.

4. Of triturates, I have used Wyeth's recently and like them; also Mulford's, with good results.

5. Of dosimetric granules, I use Abbott's, the Philadelphia Dos. Co.'s and the Metric Granules Co's. I am not prepared to express a preference,

nor will I underrate other houses whose goods I have not tried.

6. I have not used digitalis in pneumonia, preferring the combination of phenacetine, quinine and caffeine; with veratrum on one flank and strychnine on the other; with ammonia and camphor for the aged, and hot mush poultices. I would not use digitalis, as it increases arterial tension; but some authors have reported good results in spite of it.—W. F. W.]

#### READING MEDICAL ASSOCIATION.

AT the last meeting, Dr. F. W. Frankhauser spoke of the unsanitary condition of the public schools of Reading, as described in the report of the Board of Health for 1891; taking up the subjects of ventilation, drainage, plumbing, light, heating, vision, and the condition of the eyes of the children, spinal curvature and the causes of its increase, Drs. Beaver, Weidman, Emmentrout, Loose, Nagle and Rhoades, President of the Board of Health, made some interesting remarks.

A committee consisting of Drs. Frankhauser, Beaver and Nagle were appointed to examine the report of the Board of Health, and make a report to the Board of Control of the city of Reading, asking that a number of changes be immediately made.

The general health of the city of Reading is very good, the death-rate is lower than last year, even with an increase of the population of possibly 5000.

A few cases of typhoid fever, scarlet fever and diphtheria are reported.

A few cases of an endemic form of influenza, have also been found, but there is no epidemic as yet, although the weather has been very favorable for the spread of that disease.

Reading had quite a scare from a family having small-pox about seven miles up the country, several persons have small-pox there but all are improving.

The Reading representative of the State Board of Health corresponded with the attending physician, and gave instructions as to preventing the spread of that unwelcome and dreaded disease. The physicians of Reading, no doubt will shortly inaugurate a crusade of vaccination.

The annual banquet of the Berks County Medical Society is a meeting

which very few of the members care to miss, as once a year the profession drop medicine, and for one evening devote themselves to having a good time, during this time business and care is driven from the mind and a flood of joy and mirth flows around the banquet hall. The date has as yet not been fixed; but the committee is making arrangements and early in January the anticipated pleasure will arrive.

F. W. FRANKHAUSER, M. D.  
READING, PA.

#### The Medical Digest.

INDICATIONS FOR THE USE OF LACTIC ACID IN THE DIARRHOEAS OF CHILDREN.—Green stools in children are not always due to the same causes. Some are bilious, others microbic. The first are met with in children from a few days up to two or three months of age. At the time of emission they are yellow, and only become greenish after some time, principally under the influence of light. These are due to bile pigments, as may be readily seen by adding a few drops of nitric acid, when the characteristic color effects appear. The skin, or conjunctiva, is generally tinged in these cases, and the liver enlarged.

The second are frequent after the fourth or fifth month; quite exceptional before that age. They are green, or green and white, mingled with yellow. They have this color when passed, and are not changed by contact with the atmosphere. Nitric acid produces no result, for there are no biliary pigments for it to act on.

Lesage has shown the coloration to be dependent on microbic colonies. These bacilli of green diarrhoea are closely related to the rod-shaped bacillus of cholera, and are consequently very dangerous if allowed to proliferate. These are the cases in which lactic acid comes into play, since it immediately kills the bacilli and their spores; on the other hand, in the bilious stools, it is useless, and should not be used, but calomel, soda, etc., substituted.

It is necessary to use lactic acid in large doses, fifteen to twenty grammes in the twenty-four hours, in order to

saturate as far as possible the contents of the intestine.

POISONING BY EXALGINE.—A young man of twenty-three years, very nervous, suffered from toothache. At 2 P. M. he took 30 c. gm (5 grains). The pain was not relieved. So he took two doses more, during the evening. Nine hours later he took a fourth dose. A little later he lost consciousness. There was general cutaneous anesthesia, the cervical muscles were rigid, the pupils dilated, respiration deep, pulse 79. The muscles of the trunk and extremities were flabby, convulsions occurred frequently (general). The patient complained especially of headache; fourteen hours later there was some improvement in the symptoms, but the breathing appeared irregular; general anesthesia persisted, but the pulse continued normal. The treatment consisted in the administration of opium and wine. The inference is that exalgine should be used with caution, and should not be left with patients, to be used by them.

—*La Courier Medicale.*

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I WOULD also allude to cases of diarrhoea and vomiting and of indigestion dependent on nervous disturbances during the later months of pregnancy. I had two cases during the past summer, both were rapidly declining in strength; they failed to be benefited by remedies suggested by other physicians, as well as myself, until they were placed on KUMYSS, when the improvement was rapid and permanent. Very truly yours,

ARCH M. CAMPBELL, M. D.

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